

DisAbling Women and Girls in Austere Times

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Abstract

During the waves of neoliberal governments in the global North, disabled women and men have been greatly affected by austerity measures. Drawing on feminist disability theory and recent discussions of debility, I argue that neoliberalism and its austerity practices are evident in recent Canadian policies. In particular, feminist analysis of fitting/misfitting, debility, and capacity help us to understand the particular impacts on women with disabilities of these policy changes. In addition, building on Wendy Brown's (2016) concept of sacrificial citizenship under neoliberalism, I illustrate the pervasive neoliberal tendencies at work in ongoing Canadian discussions of physician-assisted dying. These challenge and extend our understandings of the interplay between gender and disability in austere times.

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Résumé

Durant les vagues de gouvernements néo-libéraux dans l'hémisphère Nord, les femmes et les hommes handicapés ont été gravement touchés par les mesures d'austérité. En m'appuyant sur la théorie féministe de l'invalidité et les récentes discussions sur la débilité, je soutiens que le néo-libéralisme et ses pratiques d'austérité sont en évidence dans les récentes politiques canadiennes. En particulier, l'analyse féministe de l'adaptation/inadaptation, de la débilité et de la capacité nous aide à comprendre les impacts particuliers de ces changements de politique sur les femmes handicapées. De plus, à partir du concept de citoyenneté sacrificielle sous le néo-libéralisme de Wendy Brown (2016), j'illus-

tre les tendances néo-libérales omniprésentes qui sont en jeu dans les discussions canadiennes en cours sur la mort assistée par un médecin. Cela défie et élargit notre compréhension de l'interaction entre le genre et l'invalidité dans les périodes d'austérité.

During the waves of neoliberal governments in the global North, disabled women and men have been greatly affected by austerity measures, especially in terms of cuts to social programs. How do we understand and explain these experiences of austerity and neoliberalism? To what extent are they shaped by particular understandings of disability or ability? How does gender reinforce or challenge experiences of austerity by women with disabilities? What does feminist theory have to say about austerity, neoliberalism, and disability? Drawing on feminist disability theory and recent discussions of debility, I argue that neoliberalism, with its manifestations in austerity practices, is evident in recent Canadian policies in two ways. First, feminist analysis of fitting/misfitting, debility, and capacity help us to understand how the effects of austerity policy changes are gendered. Second, building on Wendy Brown's (2016) concept of sacrificial citizenship under neoliberalism, I illustrate neoliberal tendencies at work in ongoing Canadian discussions of physician-assisted dying. Both of these challenge and extend our understandings of the interplay between gender and disability in austere times.

Debility, Feminism, and Disability

To undertake an analysis of gender and disability in neoliberal Canada, we need to lay the foundation by discussing some key concepts in feminist disability theory that assist in identifying the impacts of neoliberalism and austerity on women with disabilities. Rosemarie Garland-Thomson's (2011) concepts of fitting and misfitting help us to understand how diverse bodies and ways of being engage with particular environments, policies, and practices. While much of feminist theory ignores disability or focuses exclusively on disability, Garland-Thomson's approach makes more visible the experiences of women with disabilities without requiring disability to be the particular focus of analysis. For Garland-Thomson, fitting is being in sync or union with one's circumstances while misfitting refers to being in contradiction or disjuncture. For example, we may fit when we can move through a public space with ease and without meeting barriers. We misfit when our passage through that space, if we use a wheelchair for mobility, is blocked by stairs or a broken elevator. When we fit, we are relatively invisible because of the ease between our way of being and the circumstances in which we find

ourselves. When we misfit, the contradiction between our experiences and our circumstances propels us to identify our experiences and insert ourselves. Wheelchair users who meet a set of stairs or broken elevator will need to get help and assert their presence in that space or they will have to leave and not use the space. Garland-Thomson suggests that "a good enough fit produces material anonymity" (596) while "the experience of misfitting can produce subjugated knowledges from which an oppositional and politicized identity might arise" (597). Wheelchair users who meet the stairs or broken elevator may be propelled to advocate for better access and thus identify themselves as a wheelchair user. They may not have asserted that identity had the stairs not been present or the elevator not broken. In many spaces where they fit with ease, their presence as a wheelchair user remains invisible. Fitting and misfitting focus on the interactions between individuals, their bodies, and their environments. Garland-Thomson argues that identities emerge as a result of a lack of fit with one's environment. While policy analysis often paints a static picture of impacts and effects, she maintains that fitting and misfitting are dynamic processes, constantly in motion within an ever-shifting environment, thus creating and recreating identities in these movements.

Coming from feminist theory, Jasbir Puar (2009, 2012) initiates discussions about debility and capacity and their implications under neoliberalism. Puar argues that the pursuit of profit creates debility through the slow depletion of particular groups of people. Debility, following from Julie Livingston's (2005) research in Botswana, is defined as "the impairment, lack or loss of certain bodily abilities" (113) and is contrasted to an understanding of capacity or ability. Debility, then, is not only found in the exceptionality of the bodies of people with disabilities, but could also be evident in all workers, or, as Puar (2012) argues, in queer suicides. Puar's complex analysis examines shifting understandings of bodily capacity with "neoliberal understandings of failed and capacitated bodies" (155). Puar suggests that debility and capacity could supplant disability as a way of answering the question: what can a body do? This shift to debility endeavours to delink bodily capacity from identity and thus move from the dualism of ability and disability, which creates some (disabled) bodies as exceptional with other (not-disabled) bodies as normative.

The 2015 special issue of *Feminist Review* on Frailty and Debility takes up Puar's work. As a number of scholars note, Puar has not been entirely successful in moving beyond the duality of ability and disability. Kay Inckle (2015) argues "debility is conflated with incapacity and therefore apparently functions in much the same way as impairment" (48). Margrit Shildrick (2015) submits that, "although the concept of debility works in a positive way to disrupt the binary distinction between disabled and non-disabled embodiment, it may do so at the costs of failing to distinguish what is unique to disability" (19). Dan Goodley and Rebecca Lawthom (2015) suggest that the common platform of debility may, in effect, erase experiences of people with disabilities and much of the politics upon which the disability movement was built:

Our own sense is that the distinction between humanness (embodied in neoliberal-able humanist discourses) and disability (a dominant signifier of being very much Other than human) is very much alive and well in our late capitalist society. In collapsing this binary—in calling out to debility—we risk ignoring the very material, immaterial and phenomenological ways in which disabled people are excluded from the rigid humanist human category and, perhaps even more importantly, bypassing the radical work done by disability to the human world. (n.p.)

The concepts of debility and capacity offer significant traction to understanding the workings of neoliberalism and particularly the relationships between capitalism and productive citizenship. Capitalism itself relies on human labour being available until we wear out: "the structural organization of economic relations under capitalism produces debility as its by-product in the very material sense of exhausted bodies and minds... To a greater or lesser extent bodies are literally worn out, with debility figured as a way of life" (Shildrick 2015, 14). This builds on Lauren Berlant's (2007) work on the slow death, which is used by Dan Goodley, Rebecca Lawthom, and Katherine Runswick-Cole (2014) to understand the place of people with disabilities in neoliberal capitalism. Shildrick (2015) goes further to argue that the slow death of capitalism is not unique to neoliberalism, but what is particular is the recovery of profit in the context of debility: "capitalism has always drained the body of its vitality—but

what makes the term fizz with significance is the way in which the specific traits of neoliberal capital are invested—and successfully so—in recuperating profit even in the face of inexorable deterioration" (15). And it is when we recognize not only the wide swath of debility under neoliberalism, but also the unequal distribution of these impacts, that we return to dis/ability. Drawing on examples of the impacts of austerity in the U.K., Shildrick suggests that "disabled people have borne the brunt not only of the cumulative welfare cuts, but also of a marked emergence of negative representations and feelings directed against them" (18).

Brown (2016) takes us further to understanding the interplay between productive citizenship and neoliberalism, although she does not develop the disability-related implications of her analysis. In particular, Brown argues that neoliberalism has transcended market and state relations and applies its normative logic to almost every aspect of life: "When it takes shape as a political rationality, this form of normative reason displaces other modes of valuation for judgment and action... and configures every kind of human activity in terms of rational self-investment" (5). The logic for the individual is one of self-investing and being "responsible for our success or failure, condemned for dependency or expectations of entitlements" (10). This self-investment logic leads a fusing of economic and citizen interests "into the common project of economic growth, and morally fuses hyperbolic self-reliance with readiness to be sacrificed" (11). That sacrifice may be evident in unemployment or underemployment or in a loss of protections in society. But Brown argues that the citizen "accepts neoliberalism's intensification of inequalities as basic to capitalism's health... This citizen releases state, law and economy from responsibility for and responsiveness to its own condition and predicaments, and is willing to sacrifice to the cause of economic growth and fiscal constraints when called to do so" (12).

Drawing on Brown's argument, we can take Puar's notion of the place of debility in neoliberalism to a different level. Not only are bodies debilitated as a result of capitalism and the driving profit motive of neoliberalism, but there is also a moral imperative for the individual under neoliberalism to make sacrifices for the larger good. In many cases, it may mean lower wages, poorer working conditions, or other sacrifices. But there is the ultimate sacrifice to death that hovers at

the edge of this analysis. When does a neoliberal citizen see their own death as part of the self-investment logic? For some, it is when that citizen perceives or is told they are no longer productive, or when the costs of dependency are perceived as too high, or when they believe their lives are no longer worth living that the only sacrifice left is death. In this case, the movement to death is one that enables us to be self-reliant, to be responsible for our own choices, and to end our dependencies. It is not a call to increase state resources to support quality of living; rather what will lead to economic growth is the sacrifice of the non-productive citizen. This understanding of productive and non-productive citizen is integrally related to disability and gender. As Brown (2016) argues, human capital does not have sex, gender, ability, or other social location, but “intersects with extant powers of stratification, marginalization, and stigma to generate new configurations and iterations of these powers” (13). These configurations have the effect of isolating individuals and making them more vulnerable and unprotected, ready to sacrifice themselves at the altar of capital. Not surprisingly, those who are often most vulnerable in society are those who rely on others for care or support and cannot be the self-reliant citizen. To understand neoliberalism, austerity, gender, and disability, we look not only to where capital makes a profit on debility or capacity, but to where citizens sacrifice themselves willingly in order to end dependency and invest in their own sense of well-being.

Dis/ability, Neoliberalism, and Austerity

There is a remarkable similarity in the experiences of women and men with disabilities in the context of neoliberalism in different countries in the global North. The effects of austerity policies—both material and representational—for women and men with disabilities appear to be very similar in Canada, the UK, and Australia. At least three sets of effects exist—the push and pull of income and labour; the stigmatizing representations of disability; and the emergence of neoliberal-ableism.

In each of these countries, women and men with disabilities consistently rely on government income support programs (Grover and Soldatic 2012; Crawford 2015). When governments implement austerity measures, these supports for people with disabilities are often reduced and the definitions of who is disabled may

be further constrained in order to reduce the demands on governments. For many living in neoliberal regimes, this comes by shifting income assistance programs to a work-related benefit system, thus requiring recipients to illustrate their inability to work in order to receive benefits. Chris Grover and Karen Soldatic (2012) suggest that in the UK and Australia, “while the ‘disabled body’ has changed little, the systems and processes that classify them as being capable/incapable of working has undergone a radical shift to limit the number of people categorised as disabled” (217). Vera Chouinard and Valorie A. Crooks (2005) offer a similar analysis of the impacts of neoliberalism on women with disabilities in Ontario, Canada during a period of austerity and substantive changes to income assistance programs linking income assistance to the ability to work. Claudia Malacrida (2010) argues that women face additional barriers to income support because of gendered impacts, including as care providers, and surveillance by governments of their roles, including as parents. Disabled people in Britain have experienced a significant change since 2010 with the introduction of Work Capacity Assessment and the cuts to the Disability Living Allowance (Cross 2013; Goodley, Lawthom, and Runswick-Cole 2014; Beatty and Fothergill 2015).

The results of this tightening of eligibility for income assistance have been to try to shift people with disabilities from a reliance on income support into the labour force. While moving into employment can be positive, those who are no longer eligible for income assistance often move into precarious jobs that are primarily part-time and low-waged: “The restricting of disability benefits through tightening eligibility access is to move disabled people into part-time work, and place downward pressure on wage rates with the neoliberal labour market restructuring where low-wage part-time work has dominated” (Grover and Soldatic 2012, 228).

In Canada, despite longstanding neoliberal policies, this shift is especially evident in response to the 2008-2009 financial crisis. While the employment rate of women and men with disabilities increased prior to 2007, there has been a substantial decline in employment of both women and men with disabilities since 2008: “in the economic expansion of the late 1990s to about 2006, people with disabilities made notable gains. At the threshold of the major recession and during the

Canadian economy's subsequent fragile recovery, the overall gains made by people with disabilities in the labour force were eroded" (Prince 2014, 10). When we look at women with disabilities in Canada, we recognize that the material effects of these neoliberal policies are particularly sharp since women with disabilities earn less than women without disabilities and men with disabilities (Galarneau and Radulescu 2009). They disproportionately experience precarious work and have additional barriers to their participation in the work force as a result of the precarious nature of their work, including a lack of flexibility to adapt their work to the fluid needs of their bodies (Vick and Lightman 2010; Shuey and Jovic 2013).

In addition, attempts at entering or re-entering the labour force are undermined by a lack of the necessary supports for people with disabilities to participate and remain in the labour force. In Canada, despite employment equity legislation in place since 1986 (and applied to the federal public service since 1995), people with disabilities have seen a decrease in workplace accommodations (Canada, HRSDC 2009). This intensifies a disturbing trend in the implementation of employment equity in Canada. While the federal public service has succeeded in having people with disabilities represented above their availability in the labour force, there is some concern that federal departments may be reaching their employment equity targets for persons with disabilities because of aging rather than through hiring (Standing Senate Committee on Human Rights 2013, 18). People with disabilities continue to have a low rate of applying and being hired to work in the public service (18). As well, there is a higher separation rate (rate at which people leave the public service) than appointment rate (rate at which people are hired for the public service) for persons with disabilities that could indicate that disabled people are not being adequately accommodated in the workplace. In conjunction with recent cuts to public service employment and disability management practices that may prioritize return to work over appropriate workplace accommodation, the employment of people with disabilities in the federal public service may decrease at a substantial rate in the coming years.

A second shift resulting from neoliberalism and austerity measures is representational, with an intensification of stigma and hostile attitudes directed towards

those who are obviously or visibly disabled (Birrell 2016). The obvious "misfits" become the targets of hostility and scapegoats for widespread anxiety. Shildrick (2015) argues that there is an increasing number of incidences where people with visible impairments become targets of more generalized antagonism and that this results from a widespread feeling of precarity, especially after a major crisis like the financial crisis in 2008: "the relatively hopeful mainstream may feed on the anxiety occasioned by widespread economic insecurity to create the perfect storm of antagonism towards people with disabilities. The contemporary moment of socio-political shock in the face of imposed austerities and a generation that knows it is not getting better, that implicitly understands debility as the new norm, demands its scapegoats" (19). These representations are substantively different from earlier portrayals of people with disabilities as the "deserving" poor. This perhaps suggests that, when people feel secure, they can afford to support policies to enable those who do not fit to benefit. But when a discourse of crisis and contraction is in place, there is a desire to find scapegoats. In this case, the discourse is also about who can contribute to capitalism as well as who takes from it. Disabled people are "held to be financially burdensome (hence, a potential drag on the profit of capitalism), they are also held to have detrimental supply-side effects that are also held to reduce profitability" (Grover and Soldatic 2012, 226). People with disabilities are seen to fail on both accounts—they are seen to not contribute to the economy and they require significant resources to live and therefore are a burden.

A final shift under neoliberalism is the emergence of neoliberal-ableism. Goodley, Lawthom, and Runswick-Cole (2014) suggest that "neoliberalism provides an ecosystem for the nourishment of ableism, which we can define as neoliberal-ableism. We are all expected to overcome economic downturn and respond to austerity through adhering to ableism's ideals" (981). Neoliberal-ableism has a number of features—promoting inclusion and diversity while cutting social programs and failing to address the material effects of these cuts on those who rely on these programs: "disability continues to be taken up in both political and cultural arenas as a superficial indication of liberal progress under discourses of 'inclusion,' 'accessibility,' and 'diversity' in ways that erase the material effects of living with

disabilities” (Hande and Kelly 2015, 962). In addition, Mary Jean Hande and Christine Kelly (2015) argue that the substantial cuts to health and care provision have forced survival strategies for women and men with disabilities who give and receive care services, including through self-care: “As austerity measures intensify and affect healthcare spending, it is perhaps unsurprising that the neoliberal emphasis on individual responsibility results in increasing attention to ‘self-care’ in and beyond policy contexts” (964).

Neoliberalism has reorganized the structures of care provision/receipt as well as who receives and provides it. Models of care, including Independent Living, community care, home care, and self-care, have been “reformulated to suit neoliberal goals for labour flexibilization, funding cuts, and individual responsibility over collective interests and actions” (Hande and Kelly 2015, 971). Neoliberal-ableism has also had an impact on the strategies of the disability advocacy movement. For example, disability care in some Canadian provinces has been changed to direct funding to some care recipients to allow them to manage their own care services. As Hande and Kelly (2015) argue, “Direct funding is a clear example of neoliberal downshifting to the level of the individual, yet at the same time remains an essential and even transformative experience of support for those who are able to meet the eligibility criteria and use the funding successfully” (966). While direct funding is not available to people with intellectual disabilities and those who are not seen to be able to manage their own care, it has become a rallying cry for the Independent Living movement in Canada. The model of direct funding does not support more collective forms of care, such as care collectives, that have emerged among those ineligible for direct funding (969). Thus, the effects of neoliberal-ableism are seen in support for direct funding for those individuals able to manage their own care while leaving adrift those ineligible and those who seek more collective forms of care.

With these three broad shifts in mind, we turn to the particular Canadian context of austerity, disability, and gender and examine several recent policies in light of the theoretical tools discussed above.

Shifting Policy Terrains: Disability and Gender in Times of Austerity

Little has been written about the effects of aus-

terity on people with disabilities in the Canadian context and even less on the impacts on women and girls with disabilities. But at least two moments stand out to illustrate how austerity and neoliberalism sustain ableism and shape experiences of disability and gender in Canada.

Squeezed on All Sides: Income and Employment

To understand the impacts of austerity measures on women with disabilities in Canada, we first need to understand the extent of low income and the reliance on particular income sources for women with disabilities. In general, women with disabilities are employed less than women without disabilities and men with disabilities. When they work, it is most often part-time work and their incomes are lower than women without disabilities as well as men with disabilities. This means they rely very heavily on government income sources and as a result are disproportionately among the low income in Canada.

Specifically, fewer than half (49%) of working age women and men with disabilities in Canada are employed (Till et al. 2015). This is a significantly lower employment rate than among those without disabilities, which in 2011 was 79% (Turcotte 2014). Significantly more women with disabilities work part-time than women without disabilities and have a lower employment income than women without disabilities and men with or without disabilities (Turcotte 2014). Not surprisingly, given this, there are significant gendered differences in income, particularly as women and men with disabilities age.

In general, people with disabilities are about twice as likely as those without disabilities to live in low income (Crawford 2015). Cameron Crawford (2015) illustrates the gendered distinctions for women and men living with disabilities as follows. The proportion of women with disabilities living in low income is highest for those between 55 and 64 years old with a low-income rate of 26.6%. Men with disabilities in the same age group have a rate of 25.9% and women without disabilities in that age group have a low-income rate of 10.8%. The disparity between women and men with disabilities increases after the age of 65 with men with disabilities having a low-income rate of 6.5% and women with disabilities having a rate of 17.5%. Women without disabilities over 65 have a low-income rate of 9.2%.

Disability supports and income assistance in Canada are geographically checkered with different programs and levels of supports available in each province (Stapleton et al. 2015). Add to that complexity, the jurisdictional juggernauts for Indigenous people with disabilities who may have to also deal with Indigenous governments and/or the federal government programs responsible for benefits for people with disabilities. But what is clear throughout is that women and men with disabilities rely disproportionately on government transfer programs and increasingly on social assistance programs.

Crawford (2015) documents that government transfers make up 75.5% of the income of low income women with disabilities compared with 63.1% for low income men with disabilities and 50.3% for low income women without disabilities (62-63). The reliance on government transfers increases as women and men with disabilities age. Crawford (2013) notes some specific gendered differences in different income sources. For example, low-income young women with disabilities between 16 and 29 are almost twice as likely (23.3% to 14.4%) to receive social assistance as low-income young men with disabilities in the same age group. Almost 40% of low-income female lone parents with disabilities rely on social assistance for income. Low-income women with disabilities in general rely more on child benefits than low-income men with disabilities; almost 1/3 of women with disabilities between 30 and 44 rely on child benefits compared with less than 1% of men with disabilities in the same age group. But twice as many low-income men with disabilities between 55 to 64 years receive C/QPP (an employment-related pension benefit) than low-income women with disabilities (26.7% compared with 15.4%). Finally, low-income women with disabilities over 65 have a greater proportion of their income from OAS/GIS (non-employment related seniors' benefit) than men with disabilities (69% compared with 65.5%).

The costs of government disability benefits have grown significantly since before the 2008-2009 recession. John Stapleton et al. (2015) suggest that Canada's total disability assistance benefits have grown substantially between 2005 and 2011 to approximately \$28.6 billion in 2010-2011, an increase of almost 23% since 2005-2006. Most of this growth is in social assistance benefits—thus at the provincial level.

In this context, some of the austerity measures undertaken by provincial and federal governments since 2009 have disproportionate impacts on women with disabilities. While Canadian governments have not yet taken the draconian measures initiated in the UK, some governments have tightened the eligibility requirements for, or eliminated programs, that were of particular use to people with disabilities. These measures do not target women with disabilities, but the changes have unequal effects given the significant place of government transfers, especially social assistance, in the lives of women with disabilities.

Several provincial governments have changed or restricted eligibility to some measures under social assistance programs that will especially affect people with disabilities. The Ontario 2010 budget eliminated the special diet allowance for people on social assistance and replaced it with a health supplement that is medically assessed and will only assist those with severe medical needs. In the 2010 British Columbia budget, similar cuts were made to the range of medical equipment and supplies funded by the government. Eligibility for the monthly nutritional supplement was also tightened, including applicants now having to demonstrate they have at least two symptoms rather than one under the existing criteria (Stienstra 2013). More recently, eligibility for transit has been an area of concern for people with disabilities. While, in 2016, British Columbia raised its disability social assistance rates for the first time since 2007 by \$77 per month, they also eliminated the transit subsidies for people with disabilities (Bailey 2016), which substantially reduces the increase because people must pay much more for transit. In Nova Scotia, eligibility for government funded bus passes has been tightened with at least 12 medical appointments per month required (Devet 2015).

The federal Conservative government proposed changes in the 2012 budget to Old Age Security (OAS) and Guaranteed Income Supplement (GIS) that would have disproportionate impacts on people with disabilities and especially women with disabilities. By increasing the eligible age from 65 to 67 for the OAS and GIS, people who were born after 1958 would have had to sustain their income for an additional two years. This would have had a particular impact on women with disabilities who rely heavily on government transfers for their income. These eligibili-

ty changes were reversed by the Liberal government in the 2016 budget.

Income is a significant factor in achieving access and inclusion for women and men with disabilities, but there are other public services that substantially affect access and inclusion. Many of these fall under provincial or municipal responsibilities. When we think broadly about changes in public services related to women and men, girls and boys with disabilities, we must also consider public transportation, healthcare, education, information and communications technologies, and food security (Stienstra 2012). Unfortunately, literature in these areas rarely uses an intersectional lens that includes analysis of both gender and disability.

From this data, it is clear that women with disabilities will be disproportionately affected by the austerity measures that restrict eligibility to social assistance. The Council of Canadians with Disabilities (2016) argue that this reflects the increased social and economic vulnerability women and girls with disabilities face as a result of the intersections of gender and disability. This vulnerability and the sense of being a burden are at the foundation of the experiences of many women with disabilities (Dale Stone 2010). While austerity measures can intensify those experiences, getting rid of these measures will not eliminate the underlying neoliberal-ableism at work in Canadian society nor the exhaustion of trying to live without adequate income and disability-related supports. In short, the vulnerability for women with disabilities created and deepened by neoliberal policies and practices, and intensified through austerity measures, may create fertile ground for sacrificial citizenship and an early death through physician-assisted dying policies.

Unimagined and Unimaginable: Living and Dying with Disabilities

One stark illustration of the impacts of austerity in relation to disability in Canada is evident in the legislation providing medical assistance in dying (MAID) and the discussions surrounding its adoption in 2016. Together these suggest, in my view, evidence of neoliberalism's hold on Canadian society. The widely held willingness to see disability as a reason for an early death suggests "a generation that knows it is not getting better, that implicitly understands debility as the new

norm" (Shildrick 2015, 19) and wants a way out. This builds on the link between vulnerability and disability, as suggested by the Council of Canadians with Disabilities, which needs to be explored before we turn to discussions of austerity, neoliberalism, and MAID.

By virtue of being human, every person is vulnerable. Yet, as Catherine Frazee (2016a) suggests, there is a paradox because many of us do not realize that we are vulnerable until something changes in our system of protections: "for each and every one of us throughout life, vulnerability is situational, experienced when our defenses are stripped away...If we are vulnerable but don't know it, that is because the social contract is working in our favour" (n.p.). These systems of defense are the resources or supports that enable people to survive and flourish. Even in situations of significant challenges, including acquiring impairments, we are able to rally assets, which can be material or social, that enable us to remain resilient in our vulnerabilities. This resilience also allows us to endure suffering: "When we are better protected from vulnerability, we are less likely to suffer intolerably. That is not to say that our suffering is reduced, but rather that our tolerance for it is boosted" (n.p.). The inverse is also true. For those who are less able to draw upon the necessary resources for resilience, they are more likely to "experience the full force of their vulnerability when calamity strikes" (n.p.). Major life situations, including acquiring impairments or conditions as well as end of life, create particular vulnerabilities (Stienstra and Chochinov 2006). These variations in resilience and meeting vulnerabilities shape the landscape for people considering MAID. Frazee (2016a) argues that those who advocate for and actively pursue MAID are those who enjoyed lifetimes of physical well-being and access to education and income. She suggests that it is not surprising that "the very prospect of experiencing one's innate embodied vulnerability may itself constitute intolerable suffering. Data from Oregon confirms that 'worries about loss of dignity and future losses of independence, quality of life and self-care ability' were far more prevalent in motivating requests to die than were issues of actual pain or symptom control" (n.p.). On the other hand, she suggests that people with long-standing impairments have found ways to live with the particular vulnerabilities they experience and have developed resiliencies to flourish in their lives. These variations in vulnerability

and resilience suggest that the playing field is not level coming into discussions of MAID in Canada.

The Supreme Court of Canada ruled unanimously in *Carter v. Canada* (2015 SCC 5) that physician-assisted dying or MAID would be allowed and granted the federal government one year to implement legislation to enable this. The Court extended the time-frame by four months following the general election and change of government in 2015. New federal legislation, Bill C-14, came into force on June 17, 2016 allowing medical assistance in dying to those who meet the following criteria:

(a) they have a serious and incurable illness, disease or disability; (b) they are in an advanced state of irreversible decline in capability; (c) that illness, disease or disability or that state of decline causes them enduring physical or psychological suffering that is intolerable to them and that cannot be relieved under conditions that they consider acceptable; and their natural death has become reasonably foreseeable, taking into account all of their medical circumstances, without a prognosis necessarily having been made as to the specific length of time that they have remaining. (Parliament of Canada 2016)

In what ways does this decision and its implementation provide evidence of neoliberalism and austerity? How does our understanding of vulnerability shape these discussions and link with understandings and approaches to disability? Several areas suggest the public discussion surrounding the Supreme Court legislation and Bill C-14 relies on neoliberal ideas and an austerity approach: the focus on the individual and individual choice; discussions of inducement and coercion; and varying access to publicly provided resources. I will illustrate how I understand each of these as suggestive of neoliberalism and austerity.

The Supreme Court decision and Bill C-14 depict those who are able to opt into MAID as individuals having serious and incurable illness, disease, or disability. In each criterion, the individual and their body are at the forefront. These individuals are not portrayed as members of families, communities, or in other relationships. In doing this, the Court resides firmly in liberal thought where individuals are the primary subject of law and are autonomous. Illness, disease, and disability are portrayed as individually embodied problems or

conditions and their regulation is planted firmly within the medical system. As critical disability scholars note, this ignores the relational autonomy embedded in the caring relationships required for many disabled women and men to survive (Kelly 2013, 2014). Harvey Max Chochinov (2016) notes that a majority of those requesting assisted suicide in the Netherlands were women and many with mental health concerns. He argues that assisted dying will “crack that relational foundation” between patients and health care providers and remove the protections that can be provided through “a caring and committed therapeutic relationship” (n.p.).

Bill C-14, the Supreme Court decision, and the Parliamentary discussions prior to the Bill’s adoption suggest that a key element in MAID is individual choice. This requires that individuals must be competent and consent to their death. As Brown (2016) submits, individual choice and autonomy under neoliberalism are shaped by the political rationality of self-investment. We make decisions in every area of life attempting to maximize our successes and minimize our failures. We want to reduce our dependencies as well as our expectations of entitlements. Much of the discussion related to MAID suggests individual choice is the critical element of this debate. For some, including Gillian Bennett (2014), that choice is linked to the costs associated with disability: “I can live or vegetate for perhaps 10 years in hospital at Canada’s expense, costing anywhere from \$50,000 to \$75,000 per year. That is only the beginning of the damage. Nurses, who thought they were embarked on a career that had great meaning, find themselves perpetually changing my diapers and reporting on the physical changes of an empty husk. It is ludicrous, wasteful and unfair” (n.p.).

To others, it is about the constrained choices in terms of living with disabilities. Léa Simard described the reasons her mother Louise LaPlante wanted MAID, even though under the Quebec legislation (and under Bill C-14), she was not eligible because her death was not reasonably foreseen:

She had been diagnosed 15 years previously and, in the past five years, her situation deteriorated after she fell and broke her hip and clavicle. She ended up in a wheelchair. There was a serious decline in her situation after this, especially in the six months before her death... So we met with a social worker to try and get an intermediate resource,

but things did not work and, after an assessment, we were referred to a residential and long-term care centre, or CHSLD. Moving in to the CHSLD was the turning point in her decision. It was hell for her, at 66 years of age, to be among residents who were on average 85 years old, and who were not at all there. These were atrocious conditions for someone who was solitary, independent and who, all of a sudden, became totally dependent, in an environment she hated. (Standing Senate Committee on Legal and Constitutional Affairs 2016, n.p.)

Little of the debate, however, has been framed about how individual choice is affected by the contexts within which we live, about increasing options and quality of life when living with impairments, nor about how austerity shapes the contexts within which disabled women and men live. David Baker, a disability lawyer, raised this point in his submission to the External Panel on Canada's Legislative Options for Physician-Assisted Dying: "[d]isabled people and terminally ill people need to have access to independent living and the full range of support services. Choices about death should not be made because life has been made unbearable through a lack of choices and control" (External Panel 2015, 130). When half of women with disabilities do not have employment, three quarters of low-income women with disabilities rely on eroding government transfers for income, and many do not have the supports they require to live, can their desire for MAID be seen to be without coercion or inducement? Disability groups in Canada suggest that at times of crisis, like those described by Léa Simard, "the very offer of an assisted death is in and of itself, an inducement toward suicide" (Frazee 2016b, n.p.; CACL 2016). Or are they being coerced by a neoliberal logic of self-investment to choose MAID as opposed to a slow death and debility in conditions in which they know they will suffer? In what ways are the conditions for people with disabilities to choose death produced by the gaps in and lack of disability-related supports required to live?

Finally, does Bill C-14 help us to understand what Shildrick (2015) describes as fizzing with significance "the way in which the specific traits of neoliberal capital are invested—and successfully so—in recuperating profit even in the face of inexorable deterioration" (15)? To what extent is there profit at play in this decision? On the face of it, Bill C-14 and its implementation

are unlikely to ensure any significant profit for industry in Canada except perhaps for the lawyers or medical personnel who assist with MAID requests. In our publicly funded health care system, private profit is not as obvious as in other countries like the United States. If we recognize that neoliberalism is evident in reducing and redirecting government expenses, the picture becomes clearer. Given the heavy reliance on government transfers for income by many women and men with disabilities as well as the high use of health services notably by women with disabilities (McColl 2005), we may see a decrease in the expenses of governments should a significant number of people with disabilities choose an early death. We do not know whether this will happen, but we need to pay attention to how many and which people are requesting MAID. We need to recognize that, without adequate public services, we may never know the answer.

Current government spending choices may also reinforce the self-investment logic leading to choosing death. For example, palliative care in Canada is fragmented across jurisdictions and underfunded in the public health care system with significant differences in funding and access in rural and urban areas (Giesbrecht et al. 2016; Dumont et al. 2015; Freeman et al. 2013). These differences mean that many Canadians still do not have access to supports they require to address concerns about pain and other aspects of their end of life and, as a result, may believe their suffering is intolerable. For women and men with disabilities, it is not only access to palliative care that provides challenges; being a person with disabilities can heighten vulnerabilities in end of life care, especially with separation from existing care providers and a lack of coordination between disability-related care and other health care (Stienstra, D'Aubin, and Derksen 2012). Lack of access to necessary disability supports and significant costs associated with obtaining the necessary disability supports can create conditions of vulnerability that reinforce the perception that life is not worth living for a person with disabilities. Approximately 40% of people with disabilities in Canada do not get the disability supports they require, including many families with children with disabilities (Canada, HRSDC 2009). Of those who do not have the supports they need, roughly 60% cannot access the needed supports because of their costs (Canada, HRSDC 2009). With these gaps in access to needed

supports to live with disabilities and palliative care, we see government funding choices reinforcing a logic that could choose death by MAID over a slow death as a result of constrained quality of living with disabilities.

Conclusion

Despite changes in government, austerity and neoliberalism continue to shape Canadian society and the lives of women and girls with disabilities. In particular, we recognize that, in much of the labour force, women with disabilities misfit—with inadequate or inappropriate supports to enable their participation. This leads them out of the labour force with a substantial reliance on government transfers, like social assistance, for their income. This reliance also makes them more vulnerable to austerity measures when governments propose cuts or change the eligibility requirements for programs they use or when they do not have access to the care and supports they require to live. This vulnerability also leads some women and men with disabilities to embrace the sacrificial logic of self-investment and call for physician-assisted dying. Austerity measures and neoliberal rationalities continue to disable women and girls by depicting and reinforcing that their lives are not worth living.

Governments in Canada would do well to recognize the sacrificial logic at work in the lives of women and men with disabilities. They can address some of the critical pieces that heighten the vulnerability of women, men, girls, and boys with disabilities by ensuring access to palliative care across Canada; guaranteeing that people with disabilities have access to the supports they require to live and work; and, proactively addressing disability-related poverty by means other than social assistance. These measures require recognizing how vulnerability is created and supported by government policies and working to undermine the sacrificial self-investment logic of neoliberalism.

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